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DEVELOPMENT OF A NO-SCALPEL VASECTOMY RESIDENCY TRAINING PROGRAM IN A COMMUNITY FAMILY PRACTICE CLINIC

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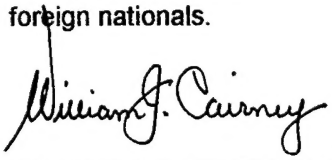

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Background: Several excellent review articles have been published recently which discuss the advantages of no-scalpel vasectomy and describe the procedural technique. Lacking from these reviews are details regarding how to enlist patients for a training program and some caveats which will facilitate learning experiences. This article addresses these issues.

Methods: The Family Medicine Center vasectomy training program provides affordable vasectomies to low-income patients. Structuring of the pre-operative visit to include partial downpayment for the procedure ensures against no-shows. Attention to anatomic and physiological suitability of patients for a training program facilitates success of the program. Trainees receive extensive didactic, audiovisual, and practice model training prior to working with patients.

Results: To date, six resident and two faculty physicians have been trained to perform no-scalpel vasectomies using this program. Feedback from trainees has been positive and patient acceptance has been excellent.

Conclusions: No-scalpel vasectomy is a procedure which is well-suited to the family practice setting. Training family physicians in this procedure is facilitated by establishing a teaching program which provides the procedure at a discounted fee and emphasizes appropriate patient selection to ensure trainee success.

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DEVELOPMENT OF A NO-SCALPEL VASECTOMY RESIDENCY TRAINING PROGRAM IN A COMMUNITY FAMILY PRACTICE CLINIC

ABSTRACT

Background: Several excellent review articles have been published recently which discuss the advantages of no-scalpel vasectomy and describe the procedural technique. Lacking from these reviews are details regarding how to enlist patients for a training program and some caveats which will facilitate learning experiences. This article addresses these issues.
Methods: The Family Medicine Center vasectomy training program provides affordable vasectomies to low-income patients. These patients are referred to the Family Medicine Center from the El Paso County Health Department, the Community Health Center, and by satisfied patients. Structuring of the pre-operative visit to include partial downpayment for the procedure ensures against no-shows. Attention to anatomic and physiological suitability of patients for a training program facilitates success of the program. Trainees receive extensive didactic, audiovisual, and practice model training prior to working with patients.
Results: To date, six resident and two faculty physicians have been trained to perform no-scalpel vasectomies using this program. Feedback from trainees has been positive and patient acceptance has been excellent as demonstrated by an increasing demand for this service at the FMC.
Conclusions: No-scalpel vasectomy is a procedure which is well-suited to the family practice setting. Training family physicians in this procedure is facilitated by establishing a teaching program which provides the procedure at a discounted fee and emphasizes appropriate patient selection to ensure trainee success.

BACKGROUND

No-scalpel vasectomy is a safe, effective means of providing male sterilization in the family practice clinic. While family practice residents should be trained to perform this procedure, there are several barriers that make this training difficult. These barriers include inadequate volume, the cost of special instruments, the training required for the procedure, and lack of patient awareness. The use of male sterilization in the United States as a means of contraception increases relative to increasing income according to the National Center for Health Statistics.[1]

The Colorado Springs Osteopathic Foundation/Family Medicine Center (CSOF/FMC) has developed a model no-scalpel vasectomy clinic which provides inexpensive vasectomies for low income patients while providing excellent vasectomy training for family practice residents. Costs for the clinic are shared between the residency program and the patients. The resident training ptogram is easily extended to practicing physicians and provides an excellent Continuing Medical Education (CME) service to the professional community.

No-scalpel vasectomy was developed in 1974 at the Chongqing Family Planning Scientific Institute in the Sichuan Province of China. The method, which results in fewer complications and no sutures, was introduced to this country in 1986.[2] Since that time, many family physicians have mastered this technique which involves the use of two special instruments, a ringed grasping clamp and curved dissecting forceps.

From 1988 until the spring of 1992, training in no-scalpel vasectomy was obtained primarily through workshops arranged by the Association for Voluntary Surgical Contraception (AVSC).[3] Several other organizations now provide this service (see Table 1). However, residency training programs, with faculty experienced in the procedure, provide an ideal setting for developing a training program.

PROGRAM RATIONALE AND OBJECTIVES

Vasectomy is less costly and has a lower morbidity/mortality rate than tubal ligation.[4] However, the prevailing charge for vasectomy in the Colorado Springs, Colorado, community (approximately $450) makes it an unaffordable option for many low income patients. The no-scalpel vasectomy clinic at the CSOF/FMC was developed to provide (1) affordable vasectomies for low income patients in El Paso County, Colorado, at a fee of $100, and (2) to train residents in this procedure.

PATIENT ENLISTMENT

Training in this procedure is best accomplished by doing multiple procedures during a one day training session under the direct supervision of an experienced trainer. Special vasectomy clinic days at the FMC allow for this training.

The CSOF/FMC residency program provides information on our no-scalpel vasectomy program to the County Health Department's Women's Clinic, the Community Health Center's Women's Clinic, and to Planned Parenthood, as well as to our own patients. Patients are scheduled on referral from other facilities and through direct patient calls.

Although this teaching program makes vasectomy available to lower income men, the clinic does not exclude middle and upper income men since fee-scaling is used to determine charges for the procedure.

Nationally, vasectomy is the contraceptive choice used by 7.5% of male partners of women ages 15 to 44 years of age, according to statistics cited on contraceptive use in the U.S. 1982-1990. Of these men, 9.3% caucasian, 3.4% hispanic, and 0.8% african american partners used this method. Of 72 vasectomies performed at the FMC, 59 (82%) patients were caucasian, 8 (12%) were hispanic, and 5 (6%) were african american.

ORGANIZATION OF THE NO-SCALPEL VASECTOMY CLINIC

Vasectomy patients are scheduled for two visits. Initially, they are scheduled for a pre-operative consultation and examination with the resident who will perform the procedure and the faculty trainer. Spouses are encouraged to attend this visit. The resident educates and counsels the patient and spouse on the procedure, establishes their wish for permanent sterilization, describes the procedure, including pre and post-operative instructions (see tables 5, 6, and 7), and explains potential complications.

A physical exam is performed, paying specific attention to the patient's anatomic suitability for the procedure (men with short, tight vasa, thick scrotal tissue, or prior injury with scarring are poor candidates for resident training), and informed consent is obtained.
*****It is critical to select patients with loose scrotal skin, mobile vasa, and calm dispositions for the trainees' initial training experience. Lack of attention to this detail will result in frustration for the trainer, trainees, and most importantly, the patient.*****

Next, the patient is scheduled for a vasectomy clinic at least two weeks after the initial exam. The patient is expected to pay one half of the total fee at this time ($50). The remaining $50 is collected on the day of the procedure before the patient is taken to surgery. This payment system eliminates costly no-shows which occur frequently if patients are allowed to pay after the procedure.

The No-Scalpel Vasectomy Clinic is usually scheduled on the last Thursday or Friday of the month from 8:00 a.m. until 4:00 p.m. with an hour break for lunch. Usually, four to six vasectomies are scheduled for a clinic at 90 minute intervals. One experienced trainer (an FMC faculty member), one resident, and one medical assistant are assigned to staff the clinic. An additional medical assistant is responsible for helping to clean the procedure room, assisting in patient recovery, and sterilizing instruments between procedures.

The procedure takes from 30 to 90 minutes for an inexperienced operator to perform. Operative time usually decreases as the day progresses. Two rooms are used as operatories. Patients are allowed to recover (usually 10 to 15 minutes) in one procedure room and the team moves to another exam room and starts another patient. The used room and instruments are then cleaned and prepared for the next case.

TRAINING

Trainees are expected to review a no-scalpel vasectomy training tape, read the training manual, and observe the procedure prior to the day of their training clinic. On the day of the clinic, the trainer and trainee meet at 7:00 a.m. The trainer provides a review of the entire procedure, explaining it step by step. Scrotal models (provided through a Packard Grant from the AVSC) are then used to allow the trainee to develop some familiarity with the special instruments and the appropriate technique for isolating the vas.

Following the overview, the trainer and trainee enter the operating room, briefly discuss the procedure with the patient, and begin prepping the patient. The patient is placed in the supine position, the scrotum cleansed, and vasal block is performed bilaterally through a midline approach.

The right vas is identified, dissected, and transected extrascrotally. The left vas is then completed in similar fashion. Specimens are retained in formalin but are not sent for pathologic evaluation unless the patient has persistent sperm in semen samples collected 8 to 12 weeks post-operatively. A dressing is applied and the patient dresses and leaves the exam room. A follow-up visit is scheduled at this time.[5]

Ideally, the trainee performs the entire procedure with minimal assistance from the trainer. However, the trainer is available to assist and may occasionally complete a difficult procedure. After completion of the vasectomy, trainer and trainee adjourn to a private area, discuss the procedure, and plan follow-up care. A progress/procedural note is then completed by the trainee and countersigned by the trainer.

A follow-up visit is scheduled for one week after the procedure, and any problems from the procedure are usually addressed at that time. Only rarely do patients have pain or infection necessitating an earlier visit or visits additional to the initial follow-up. The trainee is expected to perform these follow-up visits and to manage any complications.

Most trainees will be competent to perform the procedure without a preceptor after doing 6-8 procedures under supervision. When adequately credentialed, residents can schedule vasectomies during their regular patient care clinics.

Residents are considered to be adequately credentialed when they have performed at least 8 vasectomies successfully, under direct supervision, without trainer intervention. Additionally, they must demonstrate competence at performing the pre and post-operative evaluation and education sessions and in discussing evaluation and treatment of common complications.

KEY COMPONENTS OF A SUCCESSFUL TRAINING CLINIC

Attention to the following details will substantially increase the success of the vasectomy training clinic:

1. The trainer and staff personnel must have adequate procedural and teaching experience to inspire confidence in the patient and the trainee.

2. The trainee must invest adequate time in reviewing training materials prior to the day of the training clinic. Practicing visual imagery is helpful. Handling the special vasectomy instruments is a must.

3. The trainer and trainee should review the procedure from start to finish before the first case and after each case is completed.

4. Patients should be seen at least two weeks before the anticipated date of vasectomy for a preoperative examination. The trainer and trainee should examine the patient, and particular attention should be given to the anatomic and emotional suitability of the patient as a training subject. Patients are informed of the training nature of the clinic, and their imformed consent is obtained both for the procedure and for permission to have a resident perform the procedure.

5. The fee for doing the procedure must be low enough to allow low income persons access and high enough to cover the cost of instruments, staff, and materials. Collecting fees up front discourages no-shows.

6. Written pre and post-op information should be provided at the time of the preoperative visit, and any questions should be addressed before the day of the procedure.

7. Adequate ancillary personnel staffing is essential to smooth flow during the clinic.

8. Surgical specimens are retained, but not sent for pathological diagnosis unless the patient remains fertile. This keeps clinic costs down.

9. Semen sample collection is addressed at the time of the post-operative visit, and patients are sent reminder cards to increase compliance with sample submission.

CONCLUSION

No-scalpel vasectomy is a procedure well-suited for family practice clinics. Training clinics in family practice residency programs can be structured to provide safe, affordable sterilization for low income patients and excellent training for residents.

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Table 1

NO-SCALPEL VASECTOMY TRAINING RESOURCES

INFORMATION ON NO-SCALPEL VASECTOMY

- AVSC, INTERNATIONAL (Association for Voluntary Surgical Contraception, International)

  79 Madison Avenue

  New York, NY 10016

  Phone Number: (212) 561-8000

  AVSC, International, a not-for-profit family planning organization, provides information on training opportunities, an excellent manual and training video on the procedure and counseling suggestions.

ORGANIZATIONS OFFERING TRAINING

- AAFP

  8880 Ward Parkway

  Kansas City, MO 64114-2797

  Phone Number: (800) 926-6890

- MEDUTECH

  27699 Jefferson Avenue, STE 101

  Temecula, CA 92590

  Telephone Number: (909) 695-1079

- NATIONAL PROCEDURES INSTITUTE

  4909 Hedgewood Drive

  Midland, MI 48640

  Phone Number: (800) 462-2492 or (517) 631-4664

- NCAME

  707 South Wood Street

  Chicago, IL 60612

  Telephone Number: (313) 421-2070

REFERENCE ARTICLES ON THE PROCEDURE

- Stockton, Davis, and Bolton. No-scalpel vasectomy: a technique for family physicians. American Family Physician 1992 Oct: 1153-1164.

- The Introduction of No-Scalpel Vasectomy in the United States" (1986-1992)

  Antarsh and Marston-Ainley

  AVSC Working Paper, No. 3, September, 1993

Table 2

WHERE TO OBTAIN NO-SCALPEL VASECTOMY INSTRUMENTS

- ADVANCED MEDITECH INTERNATIONAL, INC.

  86-38 Fifty-Third Avenue, Suite 1

  Flushing, New York 11373

  Phone Number: (718) 672-7150

  This company will provide No-Scalpel Vasectomy instruments for a reasonable fee.

Table 3

EQUIPMENT FOR NO-SCALPEL VASECTOMY

Specialized Instruments

Extracutaneous Vas Fixation Clamp (ring clamp)

Sharp Dissecting Forceps

OPTIONAL INSTRUMENTS

Iris Scissors

Electrocautery Unit with Needle-Point Tip

Straight and curved hemostats

Hemoclip Applicator and Titanium Hemoclips

Adson Serrated Pick-ups

SUPPLIES

Sterile Drapes

Rubber Bands

2 Per Cent Lidocaine without Epinephrine

10 ml Syringe

27 Gauge one and one half (1½) inch needle

18 gauge, three fourths (¾) inch needle for drawing up lidocaine

4 x 4 gauze sponges

FORMS

1. History & physical pre-op form (H&P)
2. Consent form
3. Pre-op instructions
4. Post-op instructions
5. Patient information on procedure

Table 4

VASECTOMY CREDENTIALING FORM

TRAINEE: _____

	SUPERVISED BY	DATE
Pre-vasectomy Counseling	_____	_____
Pre-vasectomy H & P	_____	_____
Vasectomy Consent	_____	_____
Vasectomy Discussion Indications Options Contraindications Technique Complications	_____	_____
Post-op Instructions	_____	_____

VASECTOMIES PERFORMED

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
8. _____	_____	_____

SUCCESSFUL COMPLETION	_____	_____

Table 5

PATIENT INFORMATION

WHAT IS A VASECTOMY?

A vasectomy is a minor operation that makes a man permanently sterile (unable to make a woman pregnant). The doctor cuts and blocks two tiny tubes (the vas deferens) in the scrotum. After the tubes are cut, sperm produced in the testicles (testes) can no longer travel through these tubes to mix with semen.

HOW IS A VASECTOMY DONE?

A vasectomy can be performed in your doctor's office. Before the surgery, a local painkiller will be used to numb your scrotum. Your doctor will then make a small opening (incision) in the front of the scrotum. Through this small opening, your doctor gently lifts out each vas deferens and cuts it. The flow of sperm is stopped by sealing the loose ends of the tubes. The procedure usually takes only 30 minutes and causes little pain.

After the vasectomy, you should rest 48 hours. Most men can return to work on the third day. You will have a very small scar on the scrotum, which will be nearly invisible when it is healed.

Are there any risks to the operation?

Vasectomy has some risks. While most men have no problems, those that occasionally do occur are usually not serious and can be treated, such as the following:

- Minor infection around the puncture site on the scrotum.
- Swelling or bruising of the scrotum.
- A pea-sized lump.

WILL I BE STERILE RIGHT AFTER THE VASECTOMY?

No. You will not be sterile right away. Wait until your doctor tells you that your semen is free of sperm--usually about 12 weeks after the vasectomy. You must continue to use birth control until that time.

Vasectomy is more successful and costs less than tubal ligation (female sterilization surgery).

Will a vasectomy change my sexual ability?

No. A vasectomy will not change your sexual ability or pleasure. Some men report a better sex life because they don't have to worry about an unwanted pregnancy.

Table 6

CONSENT FOR VASECTOMY

I, _____ , authorize Dr. _____,
to perform a vasectomy on myself. I understand that vasectomy is a surgery and consists of removing a section of the vas (tubes that carry sperm). I understand that vasectomy is performed for the purpose of permanent sterilization. If permanent sterilization is not desired, there are numerous temporary methods of contraception available for use instead.

I am aware that premature sexual intercourse without protection may result in an unintended pregnancy.

I also understand that the operation is not guaranteed to result in sterilization (inability to father children), because the divided ends of the vas have been known to reopen and grow back together. Although this is known to be a complication, I understand that other less serious complications such as bleeding, infection, swelling, pain, and reactions to the anesthetic are more common. Impotency (inability to have an erection) has rarely been reported following this operation, and evidence suggests that this is psychological and not a direct result of the operation.

I further understand that other methods of contraception should be used until semen samples confirm that the procedure was successful and I am sterile.

I have reviewed and received a copy of the vasectomy fact sheet, vasectomy general information sheet and post-operative care sheet and understand the information given me.

I hereby release Family Medicine Center, and Dr. _____ from any and all claims arising out of or connected with the performance of this operation.

I am not allergic to any medications or anesthetics, except _____.

WARNING

IF YOU HAVE ANY QUESTIONS ABOUT THE NATURE OF THIS SURGERY,
THE RISKS OR HAZARDS OF THIS SURGERY,
OR THE DESIRABILITY OF CHOOSING ALTERNATIVES TO THIS SURGERY,
ASK NOW! BEFORE SIGNING THIS CONSENT FORM.

DO NOT SIGN
UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.

_____ _____
WITNESS PATIENT CONSENTING

_____
SPOUSE

PHYSICIAN DECLARATION: I have explained the contents of this document to the patient and have answered all the patient's questions, and to the best of my knowledge, I feel the patient has been adequately informed and has consented.

_____ _____
PHYSICIAN'S SIGNATURE DATE

Table 7

VASECTOMY ENCOUNTER FORM

DATE _____ REFERRING PHYSICIAN _____

VITALS: Ht _____ Wt _____ BP _____ T _____

PATIENT PROFILE

Name _____
Age _____
Education _____
Occupation _____
Marriage: 1st, 2nd, 3rd
Years _____
Quality _____
Sexual function _____
Children: Number _____ Age _____
Religion _____
Current contraceptive _____
Problems _____
Considered tubal ligation? _____
How long since patient first considered vasectomy? _____
Why does patient want vasectomy? _____
Marital problems _____
Wife's health _____
Doesn't like current contraceptive _____
Other _____
Particular concerns voiced by friends _____
How does patient tolerate pain? _____

Wife's Name _____
Age _____
Education _____
Occupation _____
Marriage: 1st, 2nd, 3rd
Years _____
Quality _____
Sexual function _____
Sex _____
Conflict with vasectomy? Yes _____ No _____
Other temporary methods? _____
Genetic disease _____
Patient's health _____

MEDICAL HISTORY

Epididymitis _____
Mumps orchitis _____
Hernia/surgery _____
Trauma _____
VD/prostatitis/UTIs _____
Family History: Autoimmune disease? _____
Hyperlipidemia/heart disease? _____

Medications _____
Major illness _____
Allergies _____
Psychiatric history _____
Recent tetanus _____
Stroke? _____

PHYSICAL EXAMINATION

Lungs _____
Hernia? Yes _____ No _____ ABD _____
Testicles: Normal _____ Abnormal _____
Vas deferens palpable bilaterally? Yes _____ No _____
Urethral discharge? Yes _____ No _____
Scrotal contents: Varicocele? _____
Skin _____

Heart _____

Spermatocele? _____

COUNSELING

- ☐ Anatomy and physiology
- ☐ Technique
- ☐ Effect on patient
- ☐ Complications
- ☐ Vasovasostomy/sperm banking
- ☐ Patient preparation
- ☐ Permits
- ☐ Costs
- ☐ Follow-up regimen/postoperative care/ interim use of contraceptives
- ☐ Handout given? Yes _____ No _____

Order for Meds: (please circle one) Ativan 1mg Ativan 2 mg No medication

_____ _____

PHYSICIAN SIGNATURE DATE

Table 8

PATIENT INSTRUCTIONS: BEFORE VASECTOMY

1. Do not take blood thinners such as aspirin, anti-inflammatory drugs (ibuprofen) or aspirin-containing products for two weeks before and one week after your vasectomy.
2. Shower the evening before and again on the day of your vasectomy.
3. On the day prior to the procedure, shave the scrotum area with shaving cream or soapy lather.
4. Bring an athletic supporter (jock strap) with you to wear after the vasectomy.
5. Bring someone with you to drive you home.
6. Do not eat for four hours before the procedure.
7. If you were given a pill to help you relax, take the pill one hour before you are scheduled for the procedure.

Table 9

PATIENT INSTRUCTIONS: AFTER VASECTOMY

1. Plan to go home from the procedure and rest.
2. Place an ice pack on your scrotum (outside the athletic supporter) 6-10 times per day during the first 2 days following the vasectomy.
3. Keep the incision clean and dry. It should stop oozing in one or two days.
4. Should you notice any bleeding at the incision site during the first day, cover your fingers with a sterile gauze and gently pinch the area for five minutes. Do not rub; this may cause more bleeding.
5. Rest for the first two days following the procedure, keeping your legs up as much as possible. Gradually resume routine activities. Avoid climbing, running or heavy exercise for approximately one week.
6. Continue to wear your athletic supporter or "jocky" shorts throughout the day and night following the procedure. These garments can also be worn during the day for one week.
7. You may shower the morning after the vasectomy. You are allowed to sit in warm bath water after the first 48 hours for 10-15 minutes per day.
8. Expect some bruising of the scrotum and some redness in and around the incision. If discharge should occur, notify the doctor.
9. Expect some discomfort which should be helped by scrotal support, warm baths, and acetaminophen (two adult tablets every four hours). Do not use aspirin or aspirin-containing products for pain.
10. If you have any significant swelling or find that you have more discomfort than you think should be normal, notify the doctor.
11. Do not engage in any sexual activity for the first week following surgery. Orgasm delays healing. After one week, you may resume sexual activity, but the frequency should be increased slowly.
12. You must use condoms or some other form of birth control until an examination of your semen indicates the absence of sperm. It takes 6-8 weeks before spermatozoa are emptied from the system. Do not consider yourself sterile until 2 negative semen analyses are determined.
13. Submit a semen specimen to our office in a clean jar 6-8 weeks following your surgery. Please do not submit specimens in a condom. It may be necessary to repeat the examination of semen to ensure that no sperm are present. A second specimen will be required approximately one month later.